

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522 263

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4			←		←	
5			←		←	
6			1		1	
7				1		1
8				1		1
9			←		←	
10			←		←	
11			1		1	
12			←		←	
13			←		←	
14			←		←	
15						1
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TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.	←		4	←	5	←
TOTAL CLAIMS			7		8	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						